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ABSTRACT

A large majority of graduates of university clinical training programs will not enter careers of research and scholarship but will instead enter professional practice. This fact has several implications for such training programs. The basis of professional education is disciplined knowledge. The body of knowledge and technique that comprises professional psychology is changing rapidly. Effective professional work involves not merely the application of established procedures but the design of new procedures or the individualized assembly of novel patterns of established procedures. The disciplined character and the preparation for change that are inherent in the scientist-practitioner model of education constitute its main strengths. However, the professions and the sciences also differ in important ways. First, science faces the discipline; professions face the public. The meaning of this for education is that professional training, unlike preparation for research, must be comprehensive and must include active skill training across multiple levels of human functioning. A second fundamental difference is that while science must be free, professions must be defined and constrained. These differences suggest that professioanl degrees are fitting for professionals while Ph.D. degrees are suitable for scholars, and that professional schools are suitable for educating professionals while academic departments are suitable for educating scientists. (NB)

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Education for Practice

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A fact of life many university directors of clinical training seem unable or unwilling to face is that the large majority of their graduates will not enter careers of research and scholarship but will instead devote their lives to professional practice. Not some of the graduates; not quite a few of the graduates; the large majority of the graduates.

At the present time, approximately 17,000 psychologists are employed in American universities, medical schools, and four-year colleges. About 5,500 of those are in the "health service" specialties of clinical, counseling, and school psychology. Nothing in the political or economic condition of this country suggests that those numbers will change much in the years ahead. New positions will accrue almost entirely by attrition. The present low attrition rate will increase somewhat in the 1990s, but there is no reason whatsoever to expect the attrition rate to exceed 5% in the 21st Century. Barring major unforeseen change in higher education, this means that fewer than 300 academic jobs will fall vacant every year. In fact, in 1983, 240 people who received PhD degrees in clinical, counseling, and school psychology entered academic positions. In that same year, approximately 1700 PhDs were awarded in clinical, counseling and school psychology. The large majority of the graduates, around 85%, entered careers of

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practice, in human service organizations, in independent practice, in schools, in business, or in other settings.

In the face of those facts, the caveats that appear in the catalogues of many university-based clinical programs, "Our program is not recommended for those who wish to pursue careers of practice," or "Our mission is not to train professionals but rather to train scholar-professionals who can transform our approaches to professional work," are difficult to justify, although they are not difficult to understand. Faculty write the catalogues. It is in their interest, if not in the interest of students or the public, to admit only students who claim they are dying to do the kinds of research the faculty are doing.

Suppose we accept the fact that most of our graduates will spend most of their lives practicing psychology and that most of them will never publish any research. The question remains, "What is the best way to prepare people for professional careers?" All of us on this symposium have had something to say on that topic, and there are some points on which we agree perfectly.

All of us agree that the basis of professional education is disciplined knowledge. Although any profession must involve educationally communicable techniques, nobody here or elsewhere has ever proposed that professional education be restricted to training in techniques. Any techniques we employ should be linked with the large, complex body of theoretical, methodological and substantive knowledge we call psychology.

All of us agree that the body of knowledge and technique that comprises professional psychology is changing rapidly and will continue

to do so. The least a responsible professional psychologist must do is to keep up with the major changes that affect his or her practice.

All of us agree that effective professional work involves not merely the application of established procedures but the design of new procedures or the individualized assembly of novel patterns of established procedures. No two people, no two families, no two corporations are just alike. The intelligent match of procedures to the special conditions of each particular case offers the daily intellectual challenge of professional work. Furthermore, new opportunities for application are constantly evolving. The concepts and methods required to fashion new services and to evaluate their effects must be part of the education of every clinical psychologists.

The disciplined character and the preparation for change that are inherent in the scientist-practitioner model of education constitute its main strengths. Nothing we do should weaken our programs in those regards. However, the professions and the sciences also differ in important ways. Some of the differences are flatly contradictory. They lead to opposite and incompatible outcomes. Failure to recognize these differences and to appreciate their significance has led to serious confusion in our field. Two of the differences are fundamental.

First, <u>science faces the discipline; professions face the public</u>. The basic aim of science is development of systematic knowledge. The core of science is theory. The scientist begins with a conception of nature, that guides inquiry, that leads to new information, that in turn modifies the conception of nature with which the inquiry began.

Of course science has many facets. It has an inductive side as well as a verificational side. Inquiries may take place in a context of

discovery as well as a context of justification. Any science may involve applied research as well as basic research. None of those qualifications alters my central claim. The basic orientation of science is toward the discipline itself. Its fundamental aim is to advance the knowledge embodied within the discipline.

Professions face outward. They face the public. Their aim is to serve the public by applying technical knowledge to the solution of public problems. Build a bridge; cure a disease; educate a child. In solving those problems, professionals must bring to bear all the technical knowledge that is available and pertinent to the problem. They cannot leave anything out. When a practitioner is confronted with a problem for which a demonstrably effective solution is available, the professional is obliged to offer that solution or to see that appropriate referral or consultation brings the service to the client.

The human problems that clinical psychologists face must be confronted in all their complexity. The fact is that human beings are at once biological organisms, individuals who think and feel and act, social beings connected interpersonally with one another, and members of larger organizations and communities. Autism, alcohol abuse, vulnerability to cardiac disease, disorders of the immune system, are all, all at once, biological, psychological, and social in their nature. The scientist may elect to study autism or alcohol abuse at a biological level, at an individual level, or at an interpersonal level. Indeed the pursuits of science require the isolations of phenomena and their effects. Interpretable scientific inquiries require exclusion, simplification, and control. The clinician enjoys no such luxury. The parents of an autistic child as well as the child have a moral right to

every bit of help our discipline can provide. If drugs will help, drugs need to be provided. If operant methods are useful, they need to be employed. Effects on the family will inevitably occur. The effects need to be understood and some members of the family will almost surely need to be brought into the treatment regime. Responsible professional practice demands that problems be addressed as they occur in nature.

The meaning of this for education is that professional training, unlike preparation for research, must be comprehensive. There is no choice. In my view, thorough education for the practice of psychology requires disciplined knowledge of major conceptions, methods and facts about psychological function at the biological, individual, interpersonal, and organization levels. Further, professional education requires active, supervised training in the skills of assessment and change at all those levels, though obviously some skills will have to be emphasized more than others in the five years of graduate study that predoctoral education typically allows.

In this view, education for practice is not less demanding than education for research. Because it must be comprehensive, while education for research may be specialized, and because it must include active skill training across multiple levels of human functioning, education for practice is more demanding than education for research.

A second fundamental difference between science and the professions is that science must be free; professions must be constrained. Academic freedom is vital to all scholarly disciplines. Scientists seek truth, wherever the search may lead. They have to be free to follow the unanswered questions of previous investigations, or their own peculiar theoretical derivations, or their hunches, wherever the muses may take

them. A large component of education for research must be specialized. Any scholar who wishes to advance knowledge has to lead the field, and should ideally know more about his or her part of the field than anybody else. That requires intensive devotion to a closely limited set of topics, often in fact to a single topic. Preparation for a career of scholarship must be flexible. It must be designed in considerable measure to suit the inclinations and interests of each individual scholar. The faculties who control the programs cannot accept constraints, not from the government, not from APA, not from any licensing board, not from any outside authority whatsoever. In one form of ostensive definition of ideal education for scholarly inquiry, the best programs for scholars are whatever the faculties in the most productive centers of research and scholarship say they are.

Education for practice, on the other hand, must be defined and it must be constrained. My physician has not been free to learn whatever she and her advisor thought might lead to significant new knowledge. She has had to learn where my liver is. All physicians, all professionals, must undertake a prescribed course of training that embodies the most advanced knowledge the discipline provides, along with the skills of application required to bring that knowledge into effective use. Professional programs need to be reviewed for accreditation as a matter of public responsibility. Their practitioners need to be examined for certification or licensure so that people can tell who is and who is not qualified to offer professional services.

Acknowledgment of the differences between science and profession carries many implications. Professional degrees are fitting for professionals; PhD degrees for scholars. Professional schools are

suitable organizations for educating professionals; academic departments are suitable organizations for educating scientists. Failure to acknowledge the differences also carries some implications. It explains why the proposal for the designation of psychology programs is deadlocked in the APA Council of Representatives. Professionals have to support the proposal. Academics have to oppose it. People who are trying to support the irreconcilable aims of creative science and of responsible public practice have to be chronically and intractably ambivalent, as they must be about such other matters as the reorganization of APA.

In setting a theme for this symposium Ed Sheridan asked us all to consider two questions. (1) Should there be a core curriculum? (2) Should APA accredit clinical psychology programs? By now, my answers to those questions should be clear. Should there be a core curriculum? Insofar as clinical psychology is a profession, the answer is yes, absolutely, there must be a core curriculum. The public needs to know what it is that professional psychologists know. Insofar as clinical psychology is a science, the answer is no, absolutely not, core curricula constrain the flexibilities that the free pursuits of knowledge require. Should APA accredit clinical psychology programs? As a profession, yes. As a science, no. As a science-profession? Hmm.

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